



AGENCY OF HUMAN SERVICES
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection
103 South Main Street, Ladd Hall
Waterbury, VT 05671-2306
<http://www.dail.vermont.gov>
Voice/TTY (802) 241-2345
To Report Adult Abuse: (800) 564-1612
Fax (802) 241-2358

August 12, 2011

Ms. Emma Burke, Administrator
Lenny Burke's Farm, Inc.
PO Box 1837A
Rutland, VT 05701

Dear Ms. Burke:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **June 30, 2011**. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

A handwritten signature in black ink, appearing to read "Pamela M. Cota".

Pamela M. Cota, RN
Licensing Chief

PC:jl



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Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0061	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/30/2011
NAME OF PROVIDER OR SUPPLIER LENNY BURKE'S FARM, INC.			STREET ADDRESS, CITY, STATE, ZIP CODE RT 7 RUTLAND, VT 05701		
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R100	Initial Comments: An unannounced onsite re-licensing and complaint survey was conducted on 6/14/11 with conclusion following offsite interviews and record review on 6/30/11. There were no regulatory violations related to the complaint investigation. Re-licensure findings include:	R100			
R104 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.1 Admission 5.2.a Prior to or at the time of admission, each resident, and the resident's legal representative if any, shall be provided with a written admission agreement which describes the daily, weekly, or monthly rate to be charged, a description of the services that are covered in the rate, and all other applicable financial issues, including an explanation of the home's policy regarding discharge or transfer when a resident's financial status changes from privately paying to paying with SSI or ACCS benefits. This admission agreement shall specify at least how the following services will be provided, and what additional charges there will be, if any: all personal care services; nursing services; medication management; laundry; transportation; toiletries; and any additional services provided under ACCS or a Medicaid Waiver program. If applicable, the agreement must specify the amount and purpose of any deposit. This agreement must also specify the resident's transfer and discharge rights, including provisions for refunds, and must include a description of the home's personal needs allowance policy. (1) In addition to general resident agreement requirements, agreements for all ACCS	R104	Please see page I		

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Emma Burke
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

Licensing Admin

(X6) DATE

8-2-11

STATE FORM

609W

SKU711

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R104	<p>Continued From page 1</p> <p>participants shall include: the ACCS services, the specific room and board rate, the amount of personal needs allowance and the provider's agreement to accept room and board and Medicaid as sole payment.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview, the home failed to assure that 3 of 3 applicable resident admission agreements (Resident #1, Resident #2 and Resident #3) were up to date and/or contained full disclosure of all services/charges and resident rights. Findings include:</p> <p>1. Per record review on 6/14/11, the Admission Agreement for Resident #2 was signed by a prior guardian, there was no specific dollar amount for services / room and board, and the involuntary discharge notice indicated a 14 day notice for non-payment of charges instead of the required 30 day notice in accord with 5.3.a (2). This was confirmed by the Manager at the time of survey.</p> <p>2. Per record review on 6/14/11, the Admission Agreement for Resident #1 contained an involuntary discharge notice indicating a 14 day notice for non-payment of charges instead of the required 30 day notice in accord with 5.3. a (2). This was confirmed by the Manager at the time of survey.</p> <p>3. Per record review on 6/14/11, the Admission Agreement for Resident #3 contained an involuntary discharge notice indicating a 14 day notice for non-payment of charges instead of the required 30 day notice in accord with 5.3.a (2). There was no specific dollar amount identified for care and services, and an illegible dollar amount</p>	R104	<i>See Page I</i>		

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R104	Continued From page 2 was listed for personal spending. This was confirmed by the Manager at the time of the survey.	R104	See Page 2		
R128 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.5 General Care 5.5.c Each resident's medication, treatment, and dietary services shall be consistent with the physician's orders. This REQUIREMENT is not met as evidenced by: Based on record review and interview, there were no admission physician orders for 1 of 1 applicable residents in the survey sample (Resident #3). ** Findings include: 1. Per record review on 6/14/11, Resident #3 was admitted without written physician orders for care and medication. The Manager confirmed that there were no initial physician orders in this resident's record. ** This is a repeat violation from last full survey (9/21/05).	R128			
R134 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.7 Assessment 5.7.a An assessment shall be completed for each resident within 14 days of admission, consistent with the physician's diagnosis and orders, using an assessment instrument provided	R134			

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R134	<p>Continued From page 3</p> <p>by the licensing agency. The resident's abilities regarding medication management shall be assessed within 24 hours and nursing delegation implemented, if necessary.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, record review and interview, the home failed to either complete Resident Assessment Instruments (RAI) in a timely manner and/or failed to implement nursing delegation for 3 applicable residents identified with this service need as required by regulation (Resident #1, Resident #2, and Resident #3). Findings include:</p> <p>1. Per observation of medication assistance on 6/14/11 at 12:00 PM, Resident #2 was unable to identify the medication being presented at that time. Per record review, the RAI for Resident #2 indicated that the resident was aware of medications to taken, of side effects, and of the timing of medications at the time of assessment. As a result, no nursing delegation was implemented for this resident. During interview that afternoon, the manager confirmed that Resident #2 is unable to self direct medication assistance, has not had this skill since original admission, and that no current nursing delegation had been implemented as there is no nurse employed by the home.</p> <p>2. Per record review and interview of the manager on 6/14/11, there was no RAI completed for Resident #3 admitted 3/15/11. During interview that day, the manager stated that this resident is unable to self direct medication administration and that no nursing delegation had been implemented as the home does not currently employ a nurse.</p>	R134	<i>Page 2</i>		

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R134	Continued From page 4	R134			
R145 SS=E	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.9.c (2)</p> <p>Oversee development of a written plan of care for each resident that is based on abilities and needs as identified in the resident assessment. A plan of care must describe the care and services necessary to assist the resident to maintain independence and well-being;</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview, the home failed to assure RN (Registered Nurse) development and / or revision of a written plan of care for 2 of 2 applicable residents in the survey sample (Resident #2 and Resident #3). Findings include:</p> <p>1. Per record review on 6/14/11, Resident #2 takes daily blood thinning medication (Warfarin). The care plan (dated by a prior RN 11/12/01), did not include current Warfarin usage and precautionary measures to instruct staff in the special care needs of the resident related to this medication. During interview that afternoon, the Manager confirmed that the plan of care was not revised to advise staff regarding the Warfarin use and necessary care precautions.</p>	R145	<i>See page 2-3</i>		

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R145	Continued From page 5 2. Per record review on 6/14/11, Resident #3 had no plan of care indicating resident's specific Activities of Daily Living (ADL) needs, including communication issues, mobility status and supportive equipment requirements. During interview that afternoon, the Manager confirmed that Resident #3 has significant ADL deficits and has no written plan of care describing these needs for staff.	R145	<i>Pg 2-3</i>		
R162 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.c. Staff will not assist with or administer any medication, prescription or over-the-counter medications for which there is not a physician's written, signed order and supporting diagnosis or problem statement in the resident's record. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the home failed to assure that staff did not assist with or administer medication to 1 applicable resident in the survey sample (Resident #3) without a physician's written, signed order.** Findings include: 1. Per record review on 6/14/11, there were no signed physician orders for Resident #3 at the time of admission and, according to the Medication Administration Record, staff were assisting with / administering medications. During interview that afternoon, the Manager confirmed that there were no admission orders for Resident #3 and that staff had administered medications without written orders in the record.	R162	<i>See page 3</i>		

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R162	Continued From page 6 ** This is a repeat violation from last full survey (9/21/05).	R162	pg. 3 -		
R163 SS=J	V. RESIDENT CARE AND HOME SERVICES 5.5 Medication Management 5.10.d If a resident requires medication administration, unlicensed staff may administer medications under the following conditions: (1) A registered nurse must conduct an assessment consistent with the physician's diagnosis and orders of the resident's care needs as required in section 5.7.c This REQUIREMENT is not met as evidenced by: Based on record review and interview, the home failed to have a registered nurse conduct an assessment of 2 of 3 applicable residents in the survey sample (Resident #2 and Resident #3) who required medication management and / or nursing overview.** Findings include: 1. Per record review, there was no evidence of an RN assessment of Residents #2 and #3. Both residents are administered medication by unlicensed staff. Per interview, the manager confirmed that no RN assessment had been completed for these residents and that unlicensed staff administer medications to these residents. ** This is a repeat violation from last full survey (9/21/05).	R163	See pg 3-4		

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R184 R164 SS-J	<p>Continued From page 7</p> <p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.10 Medication Management</p> <p>5.10.d If a resident requires medication administration, unlicensed staff may administer medications under the following conditions:</p> <p>(2) A registered nurse must delegate the responsibility for the administration of specific medications to designated staff for designated residents</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, record review and interview, the home failed to assure RN (Registered Nurse) delegation to unlicensed staff for the administration of medications to 2 applicable residents in the survey sample (Resident #2 and Resident #3). Findings include:</p> <p>1. Per observation on 6/14/11 at 12:05 PM, an unlicensed staff member prepared Thiamine tablet for administration to Resident #2 at 12:05 PM. Per the MAR (Medication Administration Record) and physician orders, the ordered medication was actually Baclofen 20 mg (milligrams) QID (four times daily). The staff member confirmed that an incorrect medication had been prepared and was about to be administered when immediately questioned by the surveyor. The appropriate medication was then prepared and administered.</p> <p>Per record review on 6/14/11, there was no evidence of current nursing delegation to any staff member for administration of medications to Resident #2 and Resident #3, who cannot self</p>	R164 R164	<i>See page 4</i>	

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NAME OF PROVIDER OR SUPPLIER

LENNY BURKE'S FARM, INC.

STREET ADDRESS, CITY, STATE, ZIP CODE

RT 7
RUTLAND, VT 05701

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R164	Continued From page 8 manage / direct their medications. During interview that afternoon, the Manager confirmed that there is no current RN employed by the home to provide delegation of medication administration for these 2 residents requiring medication administration.	R164	<i>pg. 4</i>	
R165 SS=J	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.d If a resident requires medication administration, unlicensed staff may administer medications under the following conditions: (3) The registered nurse must accept responsibility for the proper administration of medications, and is responsible for: i. Teaching designated staff proper techniques for medication administration and providing appropriate information about the resident's condition, relevant medications, and potential side effects; ii. Establishing a process for routine communication with designated staff about the resident's condition and the effect of medications, as well as changes in medications; iii. Assessing the resident's condition and the need for any changes in medications; and Monitoring and evaluating the designated staff performance in carrying out the nurse's instructions. This REQUIREMENT is not met as evidenced by: Based on record review and interview, there is no training, monitoring or evaluating unlicensed staff regarding medication administration for 2 applicable residents in the survey sample (Resident #2 and Resident #3). Findings include:	R165	<i>See page 4-5</i>	

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R165	Continued From page 9	R165		
R173 SS=E	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.10 Medication Management</p> <p>5.10.h.</p> <p>(1) Resident medications that the home manages must be stored in locked compartments under proper temperature controls. Only authorized personnel shall have access to the keys</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, the home failed to assure that all resident medications managed by the home were properly stored. Findings include:</p> <p>1. Per observation during initial tour on 6/14/11, there were 3 small tubes of erythromycin ointment with no resident name in a medication bottle placed in a basin under the open clean linen storage area. Also in this basin were aloe vera and bactine medicated lotion. Located on the kitchen shelf above the sink were Miralax for Resident #2, Fiber Lax for Resident #4, and Lactulose for Resident #5. The Manager</p>	R173	<p>Pg 4-5</p> <p>See page 5</p>	

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R173	Continued From page 10 confirmed that these resident medications were not securely stored at the time of each observation.	R173	<i>p 9 5</i>		
R246 SS=F	VII. NUTRITION AND FOOD SERVICES 7.2 Food Safety and Sanitation 7.2.a Each home must procure food from sources that comply with all laws relating to food and food labeling. Food must be safe for human consumption, free of spoilage, filth or other contamination. All milk products served and used in food preparation must be pasteurized. Cans with dents, swelling or leaks shall be rejected and kept separate until returned to the supplier. This REQUIREMENT is not met as evidenced by: Based on observation and interview, the home failed to separate and reject dented cans of food products. Findings include: 1. Per observation during initial tour on 6/14/11, there were 9 cans of tomato products (28 ounces each) with significant dents stored with resident food supplies in the kitchen storage area. The Manager confirmed this observation.	R246	<i>See page 5-6</i>		
R247 SS=F	VII. NUTRITION AND FOOD SERVICES 7.2 Food Safety and Sanitation 7.2.b All perishable food and drink shall be labeled, dated and held at proper temperatures: (1) At or below 40 degrees Fahrenheit. (2) At or above 140 degrees Fahrenheit when served or	R247	<i>See page 6</i>		

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R247	Continued From page 11 heated prior to service. This REQUIREMENT is not met as evidenced by: Based on observation and interview, the home failed to assure that all perishable food is labeled and dated. Findings include: 1. Per observation on 6/14/11 during initial tour with the Manager, the freezer compartment of the kitchen refrigerator / freezer contained a 1 quart uncovered container of yellow food with freezer burn which was also unlabeled / undated, a 1 quart plastic bag containing yellow food with freezer burn unlabelled / not dated, 3 quart baggies of blueberries without date / label. In the refrigerator compartment, a cellophane wrapped bunch of yellowing, wilted lettuce and a container of shriveled mushrooms were in the vegetable crispers. The Manager confirmed these observations and stated that the foods should be labeled / dated and /or discarded.	R247	P9 6		
R266 SS=E	IX. PHYSICAL PLANT 9.1 Environment 9.1.a The home must provide and maintain a safe, functional, sanitary, homelike and comfortable environment. This REQUIREMENT is not met as evidenced by: Based on observation and interview, the home failed to provide a safe and sanitary environment. Findings include: 1. Per observation during the environmental tour on 6/14/11 with the home's manager, chemical	R266 1,	Action - All chemicals are now locked in a secure place, including cleaners, and stored		

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R266	Continued From page 12 cleaners were unsecured in the wash room, including 2 bottles of disinfectant cleaner and a bottle of Windex. There were numerous bottles of cleansers and soaps, including ammonia, disinfectant cleaners, and formula 409 under the kitchen sink. The Manager confirmed that the chemicals were not securely stored at the time of the tour by the manager. 2. Per observation on 6/14/11 at 12:15 PM, the handrail leading to the second floor was loose on the lower level and had a protruding nail head at the joint between the first and second section of the railing. The Manager confirmed that the railing was loose and that a nail head was protruding at the time of the observation. 3. Per observation on 6/14/11 during the initial tour, an unlabeled urinal was hanging from a metal handrail at the top of the second floor stairway. The Manager confirmed that the urinal was not labeled and should not be in the hallway. S/he stated that the urinal was the property of a resident who resides in the home.	R266	<i>2 The handrail leading to the second floor has been secured w/ no nail head protruding</i> <i>3 The urinals are now labeled and are not left in the hallway</i> <i>See page 6 and 7</i>		
R291 SS=F	IX. PHYSICAL PLANT 9.6 Plumbing 9.6.d Hot water temperatures shall not exceed 120 degrees Fahrenheit in resident areas. This REQUIREMENT is not met as evidenced by: Based on observation and interview, the home failed to assure water temperatures do not exceed 120 degrees Fahrenheit. Findings include:	R291			

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Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0061	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/30/2011
NAME OF PROVIDER OR SUPPLIER LENNY BURKE'S FARM, INC.			STREET ADDRESS, CITY, STATE, ZIP CODE RT 7 RUTLAND, VT 05701		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
R291	Continued From page 13 1. Per observation during initial tour on 6/14/11, the water temperature at the resident use kitchen sink was 123.6 DF (Degrees Fahrenheit). The Manager confirmed that the water temperature exceeded the maximum safe temperature of 120 DF and that there is no routine process in place to monitor the home's water temperature.	R291	<i>pg 6-7</i>		
R293 SS=F	IX. PHYSICAL PLANT 9.7 Water Supply 9.7.b If a home uses a private water supply, said supply shall conform to the construction, operation and sanitation standards published by the Department of Health. Private water supplies shall be tested annually for contamination, and copies of results shall be kept on premises. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the home failed to assure that regular water testing for the private water supply source was conducted annually. Findings include: 1. Per record review and confirmed by the Licensee on the afternoon of 6/14/11, there is no evidence of water testing. There is a UV water treatment performed annually.	R293	<i>See page 7</i>		
R314 SS=D	XI. RESIDENT FUNDS AND PROPERTY 11.2 If the home manages the resident's finances, the home must keep a record of all transactions, provide the resident with a quarterly statement, and keep all resident funds separate	R314	<i>See page 7</i>		

Division of Licensing and Protection
STATE FORM

8800

9KU711

If continuation sheet 14 of 15

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R314	<p>Continued From page 14</p> <p>from the home or licensee's funds</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview, the home failed to provide quarterly accounting of funds managed by the home for 1 applicable resident in the survey sample (Resident #2). Findings include:</p> <p>1. Per record review on 6/14/11, the home manages a personal funds checking account for Resident #2 at the guardian's request, dated 9/30/2005. There were no quarterly accounting statement of funds available for review. During interview that afternoon, the Manager confirmed that there was no quarterly accounting of personal funds.</p>	R314	<i>page 6-7</i>		

EMMA P BURKE
PO BOX 1837-A
RUTLAND, VT 05701

August 1, 2011

Pamela M. Cota, RN, Licensing Chief
103 Main Street, Ladd Hall
Waterbury, vt 05671-2306

Dear Pamela,

I am in receipt of your letter dated 8/1/2011 and the following will address your POC in what we hope is an acceptable manner.

R104 V. RESIDENT CARE AND HOME SERVICES

5.1 Admission

5.2A Prior to or at the time of admission, each resident, and the resident's legal representative if any, shall be provided with a written admission agreement which describes the daily, weekly, or monthly rate to be charged, a description of the services that are covered rate, and all other applicable financial issues, including an explanation of the home's policy

Action to correct the deficiency: A plan has been written and sent to each guardian for each resident with the corrections on them (one enclosed) which includes the correct amount. This will be updated for each resident once a year and/or when changes occur. The original file will be placed in the resident's personal folder for review. All resident's now have full disclosure of admission agreements, with the dollar amounts and services given along with the resident's rights.

R104 POC Accepted 8/11/11 C.LarawayRN / PmCotaRN

#R128

Action to correct the deficiency: - Physicians will sign orders for all medications that the resident is receiving.

Measures in place are for the patient will be accompanied by an LSA and will have their current medication. Treatment, and dietary services list to be signed by the Primary Physician at each appointment scheduled by the physician and filed by a manager.

Corrective Actions listed above will be monitored by the Directors at the managers meeting every week to be see that the action and measures in place are completed. Any error will immediately b corrected by the Manager.

R128 POC Accepted 8/11/11 C.Laraway RN / R. Moten RN

R134 V RESIDENT CARE AND HOME SERVICES

Action to correct the deficiency: An assessment is now completed for each resident at Lenny Burke's Farm, consistent with the physician's diagnosis and orders. RAVNA has agreed to provide all nursing overview necessary including staff training for the 5 clients now residing at LBF. There will be an RN on staff as needed for clients listed. These assessments will be kept up to date by the RN employed to do so and will be viewed by the managers who meet once per week with Co-Directors and the licensing administrator.

R134 POC Accepted 8/11/11 C.Laraway RN / R. Moten RN

R145 – Action to correct deficiency : - RAVNA is now providing an overview of all residents medications and resident assessment; from this completed information the RN will develop a written plan of care for each resident that is based on his/her abilities and needs. It will describe the care and services necessary to assist the resident to maintain independence and well-being.

This POC will be reviewed by the RN and changed as she sees fit along with the managers. Resident #2 is on daily blood thinning medication and needs to include Warfarin medication usage and precautionary measures to instruct staff to the special care needs related to this medication. This information will be included in #2's plan of care.

Measures put in place to include systemic changes - An RN is employed weekly to assure that all medications are being appropriately dispensed according to the Plan of Care for each resident. She will train certain staff members who will be in charge of dispensing these new medications. The care medication plan will be kept in the medication book as well as the client file.

The corrective action will be monitored weekly by the Managers and the Directors to see that the deficient practice does not recur.

R145 POC Accepted 8/11/11 C. Laraway RN / J. Mcota RN

#R162 Staff will not assist with or administer any medication, prescription or over-the-counter medications for which there is not a physician's written, signed order and supporting the diagnosis and/or problem statement in the resident's record. The RN is completing a Resident Assessment and the admission orders from his physician; completion of this is being worked on today 7/25/11. The RN will train the staff members who will be assigned to administer medications. The RN will oversee the medications that were distributed by whom, to each client as directed by the physician's signed orders. The manager will be present with the RN at each meeting.

This measure will be put into place with any systemic changes to be made that will assure that the deficient practice does not recur; with the RN and Manager working together with the signed physician's order that supports the diagnosis and/or problem statement in the resident's record that will be placed in each clients medication file and individual file.

The corrective action will be discussed and monitored by the weekly meetings of the Managers and Directors. This medication management is the most important overview that we have and will be treated carefully based on the findings of the Managers and the RN.

R162 POC Accepted 8/11/11 C. Laraway RN / J. Mcota RN

R163 RESIDENT CARE AND HOME SERVICE

5.5 Medication management

5.10.d The VNA is now contracted 3 days per week to provide this service with our manager. New plans have been completed and signed by the RN. This will be continued with each resident as the physician's orders change and the RN needs to update the medication management.

R163 POC Accepted 8/11/11 Claraway RN / P. McIntyre RN

#R164 Medication management will be completed by the RN from the VNA at the time and we have hired an RN to take her place (Patricia Rose) when the VNA has us "up and running". The VNA will be available should we run into any problem in the future. The RN will delegate responsibility for the administration of medications to designated staff for designated residents. This is now implemented by our RN for administration for designated staff to administer medications to designated residents. This is monitored by the RN when she meets with the Manager weekly.

The measures put into place with systemic changes that will assure the Directors that the deficient practice will not recur is the weekly meeting with the Managers and the Directors. We consider Medication management to be the first concern for the safety of the clients and will be extremely aware of the rules and regulations regarding this; as well as the responsibility of the RN overview done on a weekly basis.

The corrective actions will be monitored so the deficient practice does not recur by the weekly meeting between the RN and the Manager; as well as the weekly meeting of the Managers and the Co-directors. This area of medication management is our #1 concern.

R164 POC Accepted 8/11/11 Claraway RN / P. McIntyre RN

#R165 Medication Management: - The VNA RN will accept responsibility for the proper administration of medications and is responsible for teaching the proper techniques for medication administration and providing appropriate information about the resident's condition relevant medications, and potential side effects. She will establish a process for routine communication with designated staff about the resident's condition and the effect of medications, as well as changes in medications. The RN will assess the resident's condition and the need for any changes in medications; the RN will monitor and evaluate the designated staff performance in carrying out her orders and instructions.

These measures will be put into place and many have been completed to assure that deficient practices will not recur. The RN will meet with the Manager each week and put into place the Medication Management as stated above.

The corrective action will be monitored by the RN and Manager weekly and then the Manager will meet with the Directors each week to be aware of the set plan and monitor so the deficient practice does not recur. Medication management will be at the top of our list to monitor weekly.

R165 POC Accepted 8/11/11 C. Laraway RN / P. Mcota RN

#R173. Resident Care and Home Services – Medication Management: -

The action to correct the deficiency is now put into place. All of the medications come to LBF in a bubble container and put into the Central Box that is locked and the Managers are the only ones with the keys. They are stored under proper temperature controls. The RN from VNA and Manager fill the individual locked boxes, where the trained staff have keys and have been trained by the RN to administer medications to the Residents. The RN and Manager meet weekly to monitor this.

Measures put into place to assure the deficient practice does not recur is the weekly meeting of the RN and manager along with the weekly meeting of the Directors and Managers. This system stated above is discussed and evaluated at each meeting due to the importance of Medication Management.

The corrective actions as stated above will be carefully monitored so the deficient practice will not recur will be the communication of the RN to the Managers and the Managers to the Directors on a weekly meeting. These meetings are very important to keep current issues on topic and the Medication Management will be carefully monitored and evaluated.

R173 POC Accepted 8/11/11 C. Laraway RN / P. Mcota RN

R246 VII NUTRITION AND FOOD SERVICES

7.2 Food Safety and Sanitation

Dented cans are removed and food is now labeled, as of 6/14/11. All food/perishables are labeled and stored according to licensing requirements. A

copy of the food safety and sanitation requirements has been given to Andrea, who does the shopping and cooking. She met with the managers and co-directors at the weekly meeting and meets with the manager each week to go over these regs and follow through.

R246 POC Accepted 8/11/11 C.Laraway RN / J.McCormack RN

#R247 NUTRITION AND FOOD SERVICES – Food Safety and Sanitation will be overseen by Andrea McCormack along with the Manager and Directors. She does all of the grocery shopping. She has addressed the issues on 7.2b where all perishable food and drink shall be labeled , dated and held at proper temperatures; which is 40 degrees Fahrenheit (refrigeration) and 140 degrees Fahrenheit when served or heated prior to service. All containers must also be covered. All food must be labeled, dated and/or discarded.

Measures that are in place to assure that the deficient practice does not recur is completed by Andrea each week that she shops. She is on duty two days a week at the FARM and is in communication with the Manager each week. This process has been implemented and will be carried forward by her and the Manager.

The weekly meetings by the Managers and Directors will include Food Safety and Sanitation and discuss the issues and monitor that the process is being implemented by Andrea and Manager Michael Joyce.

R247 POC Accepted 8/11/11 C.Laraway RN / J.McCormack RN

#R291 Physical Plant – ACTION - Plumbing has addressed the problem of the hot water temperature to not exceed 120 degrees Fahrenheit in resident areas has been set as such. There is a thermometer attached to the kitchen sink that will be readily available for testing and will be done once each week when the Managers and Directors meet.

Measures in place will assure that the deficient practice does not recur by testing the water temperatures weekly. We will have a sign off check list for this to monitor and measure carefully each week.

Monitored meetings will be handled weekly so the deficient practice does not recur by Managers and Directors. This check-off list will be provided to monitor safety for the temperature of the hot water not to exceed 120 degrees Fahrenheit and checked at our weekly meetings.

R291 POC Accepted 8/11/11 C. Laraway RN / D. Moten RN

#R293 Water Supply is now tested and will be tested yearly by the Vermont Water Treatment Co. by John Beauchamp, CMS – VT – CI. Tests are for the Well Report from the State Data Base and Test Results from VT Dose on Coliform, Kit RA and Kit C. These results are based on the Water Well Testing as well as the UV testing. All reports are in the safe range and I will resend a copy of those with the reports.

Measures in place to assure that the deficient practice does not recur is the yearly monitoring by the Vermont Water Treatment Co. will check yearly all of the required water testing by their Board of Health and paperwork will be sent upon completion and filed in Lenny Burke Farm folder for review of the Division of Licensing and Protection survey.

The corrective action will be monitored by the Administrator, Emma Burke and information regarding the Vermont Water Treatment Co. will be filed in a binder held in the main office and available for the office managers to find in an emergency.

R293 POC Accepted 8/11/11 C. Laraway RN / D. Moten RN

R314 X1 RESIDENT FUNDS AND PROPERTY

Action: The manager will keep the resident's finances along with a quarterly statement to the guardians and keep these funds separate from the home or licensee's funds. These reports have been completed for the quarterly ending in June 30, 2011 and will be completed by the manager each quarter as long as the resident desires to keep his money separately.

R314 POC Accepted 8/11/11 C. Laraway RN / D. Moten RN

I am in hopes that this will revised POC will be adequate but I am happy to improve any of these issues.

Sincerely, *Emma P Burke* 8-2-11
Emma P Burke, Administrator and Co-Director